Emergency Response System

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TECHNICAL FIELD

3	The field of the invention is that of wireless communications, in particular,
4	contacting help in the event of a medical emergency.
5	BACKGROUND OF THE INVENTION
6	Contacting a source of help in the event of an emergency is a problem that
7	has been addressed in many ways over the years. A common solution in the
8	United States of America is the "911" telephone number, which connects
9	the caller to an operator trained to identify a number of emergency
10	situations and having access to communication equipment to contact the
11	police, ambulance, fire department and the like. Similar facilities are
12	available in many countries.
13	Each year, however, many situations are not responded to because the
14	victim cannot get to a telephone or cannot dial and/or speak.
15	Many medical emergencies incapacitate the victims so severely that they
16	are unable to move or to summon help. For example, many people fall,
17	breaking a hip or otherwise becoming sufficiently incapacitated that they are
18	unable to reach a phone, even though they could dial and call for help if
19	they were able to get to the phone.

In other cases, victims are unable to speak (e.g. in the event of a stroke) 1. although they are able to reach a phone. 2 In still other cases, the victim is able to reach a phone and call, but does not 3 know where he or she is sufficiently well to give directions to emergency 4 5 personnel. Thus, there is a need for a system that will call for help once activated and 6 compensate for incapacity of various kinds. 7 8 SUMMARY OF THE INVENTION The invention relates to a system for calling an emergency number in 9 response to a simple activation signal. 10 A feature of the invention is the provision in a wearable (portable) 11 emergency device of stored information relevant to various emergency 12 13 situations. An additional feature of the invention is the capability of the device to 14 contain and the capability of seamlessly updating unique user information 15 and any necessary medical information relevant to the user. 16 17 Another feature of the invention is a provision for an emergency service operator to query the stored information. 18 Another feature of the invention is a piece of software on the mobile phone 19

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that interacts with the device to convey the user data stored on the wearable

device to the 911 network.

2 BRIEF DESCRIPTION OF THE DRAWING

- Figure 1 illustrates in condensed form a system for use with the invention.
- 4 Figure 2 illustrates a table of stored information.
- 5 Figure 3 illustrates a sequence in an emergency call using the invention.

6 BEST MODE OF CARRYING OUT THE INVENTION

- Figure 1 shows a schematic view of a system for using the invention, in
- 8 which an emergency device 100 responds to the press of a button 105 to
- 9 communicate with a mobile telephone 130, illustratively through the
- Bluetooth wireless protocol. Telephone 130 calls the "911" emergency
- number (shown as box 250) through the local telephone company 200.
- According to the invention, if the user is incapacitated and unable to supply
- information that the 911 operator needs in order to decide what support to
- send and where to send it, the information is supplied from a memory
- attached to the emergency device.
- 16 Emergency device 100 may take any convenient form a bracelet, pin,
- watch, etc. Functionally, it is a wireless transmitter that initiates
- communication with the mobile phone 130 and supplies information from
- non-volatile memory 103 in response to prompts from the 911 operator.

Software 135, stored in the mobile phone, executes some functions in the 1 2 sequence - i.e. calling the 911 operator and, in response to signals from the 3 operator, querying the data in memory 103. Other relevant software may be 4 stored in system 200 and invoked by telephone 130. As an example, consider a situation in which the user of the system suffers a 5 heart attack or other incapacitating situation. He or she presses button 105, 6 which initiates the sequence according to the invention. Button 105 may be 7 8 replaced by any activation device that can be activated by the user/victim. Device 100 transmits a signal to phone 130, illustratively a mobile phone 9 carried by the victim. Phone 130 calls 911. When the operator answers, a 10 11 signal transmitted by the 911 telephone apparatus is passed through the 12 system to alert the 911 operator that stored information is available. 13 If the victim is able to speak, the 911 operator can perform the usual queries. The stored medical information is available and can be sent either 14 15 automatically or in response to a signal from device 100 or phone 130. Some of the stored medical information may have been forgotten by the 16 victim and therefore useful even if the victim can speak. 17 18 If the victim cannot speak, the operator can examine the stored information 19 and use it to assist in the decision as to what help to send. For example, the 20 information may contain data that the victim has hypertension and is a candidate for a stroke. 21 22 A useful feature of the invention is that, if the telephone is equipped with a Global Positioning System (GPS) receiver, the phone can be programmed to 23 transmit that information to the 911 operator. At least once, a kidnapping 24

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victim was able to turn on his mobile phone and call 911, but did not know his location. The local phone system did not have the capacity to locate the mobile phone and the police were unable to assist.

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- 4 Figure 2 shows a list of information that may be supplied according to the 5 invention. Identity would include the information that 911 ordinarily asks -6 name, address, phone number (home, office, mobile), etc. Medical 7 Information may include known problems, such as heart conditions, asthma, 8 epilepsy, allergies, etc. Contact information may include one or more 9 names and phone numbers of people (including the victim's doctor) who 10 know the victim and can supply some information, e.g. the intended location of the victim, clothing worn that day, etc. Location information may be 11 supplied by a GPS receiver in the phone 130 or by the local phone system if 12 13 it has equipment that can calculate the victim's location by analyzing signals received by a number of base stations. If the victim does not speak English 14 or another language spoken by the 911 operator, the stored data could 15 16 include recorded phrases in the victim's language that could by played in response to a signal from the 911 operator, e.g. "an ambulance is on the 17 way". 18
- Figure 3 shows a sample sequence of a response to a signal from a victim.
- The victim has pressed the button 105, and the emergency device has sent a signal to mobile phone 130, which is turned on.
- 22 Phone 130 calls 911, using the usual format of the local telephone company.
- The 911 operator answers and receives a signal (e.g. a recorded message)
- informing her that an automated emergency call has been placed. The term
- 25 "911 operator" is used for convenience. The functions described could be

1 performed by another agency or by a private alarm service. 2 The 911 operator answers by voice, asking for a response. (Optionally, the 3 data are transmitted whether the victim can answer or not and appear on a 4 screen for the 911 operator.) 5 If there is no voice response, it is assumed that there is a medical 6 emergency. 7 Preferably, the data are transmitted in response to a request from the 911 8 operator and appear on a screen for the 911 operator. This approach reduces 9 the complexity of transmitting the data in a different format from voice (e.g. 10 in text messaging format) and arranging for the data to appear on the screen 11 of the operator handling the voice call, since the request from the operator can trigger a sequence of actions that direct the data from the calling phone 12 13 to that particular operator's screen. 14 The operator will then step through the standard sequence, making contact 15 with the contacts listed if appropriate, and transmitting an ambulance or 16 police as appropriate. 17 If the default phone is turned off or otherwise malfunctioning, the system 18 may: - 1) automatically turn phone 130 on or 2) other phones in the vicinity 19 would respond to the Bluetooth signal. Since the Bluetooth signal is RF, it 20 will be received by all phones in range. An alternative approach is that if

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the emergency device does not receive a response from the default phone, it

automatically signals other phones with a distinctive signal pattern and any

phone within range calls 911 and relays the data. Another alternative

approach is to ask nearby phone users for assistance. Which of these

approaches, if any, is used would depend on considerations other than

2 technical, such as legal liability.

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3 Mobile handset 130 will support Bluetooth.

4 Software 135 will have appropriate commands to stand by to receive the

Bluetooth signal, to query the emergency device for data, call 911 and then

6 to relay the data as described above.

7 Preferably, the call to 911 will be done using the usual phone signals as

much as possible to minimize the changes to be made to the phone system.

Data (stored data from memory, GPS data) will be sent to 911 in appropriate

format (e.g. text messaging for the memory data). A wakeup sequence and

circuitry to carry it out will be stored within the handset, for use in the

situations when a) the phone's owner is the victim, but the phone is turned

off and b) the phone of a victim is turned off and a third party is in range of

the Bluetooth signal.

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15 It will be evident that it is important that the stored data are current. As a

default, the stored data may be entered by connecting the activation device

to a keypad and updating the data. If the system relies on the user to update

the data, that would be a potential source of errors. More conveniently, the

data could be updated by personnel in the doctor's office, who are likely to

make few entry errors and can be trained to enter the data as part of their

routine. Additionally, the data could be updated by the pharmacist

dispensing medications. In one or both of these cases, the data could be

entered by keying into a Bluetooth transmitter that transmits the data (or is

connected by a cable) to device 100.

The system can be implemented with many alternatives.

For example, it is desirable that the 911 equipment does not have to be modified to use the information. One potential problem is that the stored data will not fit (be compatible) with the format for voice calls, so that there would have to be some accommodation made to present the data to the 911 operator on a screen for easy viewing. One approach is that System 200 is programmed to receive a signal from phone 130 that a system according to the invention is in use and transmits a notice to 911, together with data identifying the screen data. The screen data is transmitted on a parallel channel 210 and is routed within the 911 facility to the appropriate operator. The local phone company would take care of the technical details, so that adoption of the invention does not depend on the technical capabilities of the 911 department. Another option is that the system includes automatic activation - by a pacemaker, or other monitoring device, that senses when the victim is suffering an attack. Yet another option is that of a non-medical emergency when the victim cannot dial, such as a holdup. A simple button press is easier to perform during a stressful situation than dialing the telephone. In Figure 1, button 105 is shown as surrounded by a cylinder 107 that extends higher than the button and thereby reduces the chance of accidentally pressing the button. Those skilled in the art will readily be able to devise other methods of avoiding accidentally calling 911. Although the invention has been described with respect to a limited number of embodiments, those skilled in the art will appreciate that other

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- 1 embodiments may be constructed within the spirit and scope of the
- 2 following claims.